

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/5/0962

*Draper*

APPLICANT(S)

FILING DATE

**CLAIMS**

BEST AVAILABLE COPY

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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